

State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

2005 NOV IL AM II: 50

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	
Full legal name	Southbury Surgery Center, LLC	
Doing Business As	Southbury Surgery Center	
Name of Parent Corporation	n/a	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	c/o Brown Rudnick Berlack Israels LLP 185 Asylum Street, 38 th Floor Hartford, CT 06103	
Applicant type (e.g., profit/non-profit)	Profit	
Contact person, including title or position	Robert J. Anthony, Esq.	
Contact person's street mailing address	Brown Rudnick Berlack Israels LLP 185 Asylum Street, 38 th Floor Hartford, CT 06103	
Contact person's phone #, fax # and e-mail address	Phone: (860) 509-6517 Fax: (860) 509-6501 ranthony@brownrudnick.com	

SECTION II. GENERAL APPLICATION INFORMATION

a.	Proposal/Project Title:					
	Development of an Ambulatory Surgery Center in Southbury, CT					
b.	Type of Proposal, please check all that apply:					
\boxtimes	Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:					
	New (F, S, Fnc)					
	☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination					
	☐ Bed Addition` ☐ Bed Reduction ☐ Change in Ownership/Control					
\boxtimes	Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:					
	Project expenditure/cost cost greater than \$ 1,000,000					
Equipment Acquisition greater than \$ 400,000						
	☐ New ☐ Replacement ☐ Major Medical					
	☐ Imaging ☐ Linear Accelerator					
	Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000					
C.	Location of proposal (Town including street address): Southbury (street address to be determined)					
d.	List all the municipalities this project is intended to serve: Southbury, Middlebury, Woodbury, Oxford					
e.	Estimated starting date for the project: November 2006					
f.	Type of project:11 (Fill in the appropriate number(s) from page 4 of this form)					

Number of Beds (to be completed if changes are proposed)

Туре	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
n/a	n/a	n/a	n/a	n/a

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a.	Estimated	Total	Capital	Expenditure:	\$3,000,000
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b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 2,520,000	
Medical Equipment (Purchase) \$ 1,50		
Imaging Equipment (Purchase)		
Non-Medical Equipment (Purchase)	\$ 250,000	
Sales Tax		
Delivery & Installation		
Total Capital Expenditure \$		
Fair Market Value of Leased Equipment		
Total Capital Cost	\$ 4,270,000	

Major Medical and/or Imaging equipment acquisition:

Equ	ipment Type N	lame	Model	Number	of Units	S Cost per unit
n/a	n	/a	n/a	n/a		n/a
Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.						
c.	Type of financing or f	funding so	urce (more	e than one o	an be o	checked):
	Applicant's Equity		Lease I	inancing	\boxtimes	Conventional Loan
	Charitable Contribution	ons 🗌	CHEFA	Financing		Grant Funding
	Funded Depreciation		Other (specify):		·

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

- 1. Cardiac Services
- 2. Hospice
- 3. Maternity
- 4. Med/ Surg.
- Pediatrics
- 6. Rehabilitation Services
- 7. Transplantation Programs
- 8. Trauma Centers
- 9. Behavioral Health (Psychiatric and Substance Abuse Services)
- 10. Other Inpatient

Outpatient

- 11. Ambulatory Surgery Center
- 12. Birthing Centers
- 13. Oncology Services
- 14. Outpatient Rehabilitation Services
- 15. Paramedics Services
- 16. Primary Care Clinics
- 17. Urgent Care Units
- 18. Behavioral Health (Psychiatric and Substance Amuse Services)
- 19. MRI
- 20. CT Scanner
- 21. PET Scanner
- 22. Other Imaging Services
- 23. Lithotripsy
- 24. Mobile Services
- 25. Other Outpatient
- 26. Central Services Facility

Non-Clinical

- 27. Facility Development
- 28. Non-Medical Equipment
- 29. Land and Building Acquisitions
- 30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
- 31. Renovations
- 32. Other Non-Clinical

Project Description

The purpose of the project is to develop and establish an Ambulatory Surgery Center (ASC) in Southbury. The Southbury Surgery Center, LLC is being created as a partnership between Saint Mary's Health System and community physicians. The ASC will be a free standing multi-specialty center that will serve Southbury and the surrounding communities of Middlebury, Woodbury and Oxford. The cornerstone of this proposal is the independent, yet integrated development of a Women's Health Center by physicians affiliated with Saint Mary's and private investors. The physicians involved in this project are seeking better access and convenience for their patients in the Southbury area and are planning to develop an all encompassing medical facility to better meet their patients' needs. They have expressed strong interest in working with Saint Mary's Health System to develop the ASC because of the existing success of Saint Mary's partnership with the medical staff at the Naugatuck Valley Surgical Center, an ASC joint venture between Saint Mary's and members of the medical staff, which is located on Robbins Street in Waterbury.

In addition to the foregoing, the population in Southbury is significantly older than the surrounding communities and the sociodemographics of the region are such that the demand for outpatient surgical services is anticipated to grow significantly. As technology continues to influence the delivery of surgical services, more inpatient surgeries are being moved to the outpatient arena. Saint Mary's Hospital and the Naugatuck Valley Surgical Center have capacity restrictions and scheduling backlogs that will compromise their ability to meet the growing needs of this region. As part of a comprehensive delivery system, the Southbury Surgery Center will dramatically improve patient access to a broad array of outpatient surgical services in a technologically advanced environment. Collaboration among providers, instead of competition, will enable the Southbury Surgical Center to provide the highest standard of care to patients in the region.

AFFIDAVIT

Applicant: Southbury Surgery Center, LLC	
Project Title: Development of an Ambulatory Surgery Center in Southbury, Connecticut	
I, Robert P. Ritz, Chief Executive Officer (Name) (Position – CEO or CFO)	
of <u>Saint Mary's Health System, Inc.</u> being duly sworn, depose and state that the	
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to	0
the best of my knowledge, and that <u>Saint Mary's Health System, Inc.</u> complies with the (Facility Name)	
appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638,	
19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.	
Par PM 11/13/05-	
Signature	
5 T	
Subscribed and sworn to before me on II/13/05	
Vietbria Cipinano	
Notary Public/Commissioner of Supposition NOTARY PUBLIC MY COMMISSION EXPIRES 2/28/2007	
My commission expires:	

ROBERT J. ANTHONY, ESQ.

direct dial: 860-509-6517 e-mail: ranthony@brownrudnick.com

http://www.brownrudnick.com

November 15, 2005

Steven Lazarus Office of Health Care Access 410 Capital Avenue, MS #13HCA P.O. Box 340308 Hartford, CT 06134-0308

RE: Letter of Intent - Southbury Surgery Center

Dear Mr. Lazarus:

As discussed, enclosed please find an Affidavit signed by Robert P. Ritz, Chief Executive Officer of Saint Mary's Health System, Inc., in connection with the above referenced matter. Please also note that the estimated capital expenditure amount indicated in subsection (a) of Section III should read \$4,270,000.00.

Thank you for your assistance and attention to this matter.

Very truly yours,

BROWN RUDNICK BERLACK ISRAELS LLP

By:

Robert J. Anthony

RJA/vc Enclosure

cc: Cristine A. Vogel, Commissioner - Office of Health Care Access



Saint Mary's Hospital, Inc.

FAX NUMBER (203) 709-7154

56 Franklin Street - Waterbury - Connecticut 06706 - (203) 709-6000

FACSIMILE TRANSMITTAL COVER SHEET

The information contained in this fax message is intended only for the personal and confidential use of the designated recipients named below. This message may represent confidential patient information or other confidential material. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.

DATE: NOVEMBER 17, 2005

TO: STEVEN LAZARUS - OFFICE OF HEALTH CARE ACCESS

FAX: (860) 418-7053

LETTER OF INTENT - SOUTHBURY SURGERY CENTER

FROM: ROBERT J. ANTHONY, ESQ. PHONE: (203) 709-6447

The following document(s) are transmitted for delivery to the above named individual and consist of 3 pages including the cover sheet:

Message

RE:

Dear Mr. Lazarus,

Please see attached letter and affidavit regarding the above mentioned matter. A hard copy will be sent via mail.

Thank you, Vicky Cipriano Legal Assistant to Robert J. Anthony, Esq. ROBERT J. ANTHONY, ESQ.

direct disl: 860-509-6517 e-mail; ranihony@brownrudnick.com

http://www.brownrudnick.com

November 15, 2005

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Office of Health Care Access
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P.O. Box 340308
Hartford, CT 06134-0308

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3y: ˌ

Robert J. Anthony

RJA/vc Enclosure

cc: Cristine A. Vogel, Commissioner - Office of Health Care Access

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AFFIDAVIT

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I, Robert P. Ritz (Name)	, <u>Chief Executive Officer</u> (Position – CEO or CFO)
of Saint Mary's Health System, Inc. bein	ng duly sworn, depose and state that the
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Par Popular	11/13/05- ES
Subscribed and swarn to before the	Date CARE ACCES
Subscribed and sworn to before me on_	

NOTARY PUBLIC
MY COMMISSION EXPIRES 2/28/2007

Form 2030 Revised 8/02

My commission expires:

Notary Public/Commissioner of SHOPORIA OF PRIANO